

**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARDS SYSTEM REVIEW**

Provider: \_\_\_\_\_

Address of Home: \_\_\_\_\_

Team Member: \_\_\_\_\_

Review Date: \_\_\_\_\_ Type of Review (Immediate transfer, 60day, or SSR with full survey)\_\_\_\_\_

Notes/Comments: \_\_\_\_\_

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**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARDS SYSTEM REVIEW**

QUALITY OF LIFE AREA - RIGHTS AND DIGNITY

SAFEGUARD 1 - AFFIRMATION OF RIGHTS

A. People and/or those supporting them understand individual rights.

**AFFIRMATION OF RIGHTS WORKSHEET**

Individual Initials: \_\_\_\_\_

**For Immediate Transfer answer #4 only in modified form.**

	<u>YES</u>	<u>NO</u>
1. Staff have received human rights training.	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals have received human rights training.	<input type="checkbox"/>	<input type="checkbox"/>
3. Guardians and family members received information about individual rights.	<input type="checkbox"/>	<input type="checkbox"/>
4. There is a trained Human Rights Office (HRO) at the home.	<input type="checkbox"/>	<input type="checkbox"/>

**\*For Immediate Transfer: there is a trained HRO available to individuals.**

Comments:

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**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARD SYSTEMS REVIEW**

QUALITY OF LIFE AREA - RIGHTS AND DIGNITY

**SAFEGUARD 2: PROTECTION OF RIGHTS**

- A. All interventions are the least intrusive and are based upon individual need.
- B. All interventions are included in a written plan.
- C. People or their guardians knowingly and voluntarily give consent and have the opportunity to withdraw approval.
- D. Safeguards assure a thorough review and approval process.

**INTERVENTIONS OR RESTRICTIVE PRACTICES WORKSHEET**

**For Immediate Transfer, answer the following questions in each section only:**

Is this intervention used with any individual?

Is this need documented with an order from a clinician?

Are staff familiar with the implementation strategies?

**Supports and Health Related Protections** [115 CMR 5.12] *Please note: Bolded items are specifically required for “supports.”*

Individual initials: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is a support or health-related protection used with any individual? <b>If no, stop here.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The support or health-related protection is in response to an individual need.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The need documented is with an order from a clinician.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The individual or guardian consent is in place.	<input type="checkbox"/>	<input type="checkbox"/>	

	<u>YES</u>	<u>NO</u>
5. The interventions are identified in the ISP as the least restrictive alternative.	<input type="checkbox"/>	<input type="checkbox"/>
6. The individual's record contains the following information:		
• Indications for the use and discontinuance;	<input type="checkbox"/>	<input type="checkbox"/>
• Alternatives considered;	<input type="checkbox"/>	<input type="checkbox"/>
• Frequency/duration of use;	<input type="checkbox"/>	<input type="checkbox"/>
• Frequency of safety checks;	<input type="checkbox"/>	<input type="checkbox"/>
• The qualified practitioner supervising the use.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff have been trained in the proper use of the support.	<input type="checkbox"/>	<input type="checkbox"/>

**Behavior Plans, Guidelines or other Interventions** [115 CMR 5.14] *Please note: Bolded items are specifically required for behavior plans containing any Level II or III interventions. If Level III interventions are being implemented, please refer to the DMR regulations for additional special requirements.*

Individual initials: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Are any behavior plans, guidelines or interventions being implemented with any individual? <b>If no, stop here.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The intervention is based on an identified, individual need.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The intervention is part of a written plan.	<input type="checkbox"/>	<input type="checkbox"/>	
4. There is a plan for the periodic review of the plan.	<input type="checkbox"/>	<input type="checkbox"/>	
5. The plan is incorporated into the ISP, when required.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Staff have been trained to implement the interventions.	<input type="checkbox"/>	<input type="checkbox"/>	
7. <b>The plan identifies:</b>			
• <b>the target behavior(s) to be decreased;</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>the desired positive replacement behavior(s);</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>the Level(s) of the intervention(s);</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>a rationale based on a functional analysis of the target behavior(s) and antecedents.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<ul style="list-style-type: none"> <li>• that less restrictive alternatives/measures tried and that this is the least intrusive intervention possible;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• the person providing clinical oversight;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• an outline of procedures for monitoring, documenting and clinical oversight of the plan;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Criteria for eliminating or revising the plan.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The intervention has been reviewed and approved by:			
<ul style="list-style-type: none"> <li>• Individual and/or guardian;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Human rights committee;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Peer review committee;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Physician or qualified health care professional working under a physician's supervision.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Physical or Mechanical Restraint** [115 CMR 5.11] Please note: A plan is required when restraint recurs within 24 hours, more than once in a week, or more than twice in a month. If mechanical restraints are being used, please refer to 5.11 of the DMR regulations for additional special requirements.

Individual initials: \_\_\_\_\_

1.	Is restraint used for the individual? <b>If no, stop here.</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.	If yes, there is a plan to address the behavior necessitating restraint (see note above).	<input type="checkbox"/>	<input type="checkbox"/>
3.	The restraint is authorized by the head of the provider, authorized physician, or authorized staff (who has specific training).	<input type="checkbox"/>	<input type="checkbox"/>
4.	All staff implementing the restraint received training.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Incidents of restraint are documented.	<input type="checkbox"/>	<input type="checkbox"/>
6.	The following documentation is in place:	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• process for the individual to comment;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• review by DMR;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• review by Human Rights Committee.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Incidents of restraint do not exceed maximum time. (One hour intervals for authorized staff. Two hours for head of program, designee, or authorized physician.)	<input type="checkbox"/>	<input type="checkbox"/>

**Behavior Modifying Medications [115 CMR 5.15(4)] and Chemical Relaxation for Medical or Dental Treatment [115 CMR 5.11(5)(e)]:**

Individual initials: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is any individual prescribed any medications to modify behavior? <b>If no, stop here.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If yes, the ISP contains the following:			
• A description of the behavior to be controlled/modified;	<input type="checkbox"/>	<input type="checkbox"/>	
• Data on the behavior prior to the medication forming a basis from which the clinical course is evaluated;	<input type="checkbox"/>	<input type="checkbox"/>	
• Information about side effects, procedures to minimize risks, and clinical indications for terminating the drug;	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the drug is an antipsychotic medication and the individual has a guardian, there is court approved treatment plan and Roger's Monitor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the individual or guardian consented to medications that have been prescribed to calm or relax him or her prior to medical treatment? <b>If no, stop here.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
• If such medications are being used, there is a plan for their reduction or elimination.	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

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**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARDS SYSTEM REVIEW**

QUALITY OF LIFE AREA - PERSONAL WELL-BEING

**SAFEGUARD 1: HOME SAFETY**

- A. People's home is safe, secure and in good repair.
- B. People and their supporters know what to do in an emergency.
- C. People can safely evacuate from their home in an emergency.

**HOME SAFETY WORKSHEET**

Part A - General Home Safety

**Answer all for Immediate Transfer Reviews**

	<u>YES</u>	<u>NO</u>
1. Is there a location-specific safety plan?	<input type="checkbox"/>	<input type="checkbox"/>
2. The Provider Assurance Form has been signed by the provider and DMR Area Office.	<input type="checkbox"/>	<input type="checkbox"/>
3. Fire drill logs stipulate that all individuals are able to evacuate the home in 2 1/2 minutes with or without assistance from staff.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff have been trained in the safety plan, including strategies for individuals if they require assistance to evacuate.	<input type="checkbox"/>	<input type="checkbox"/>
5. All staff have been trained in fire safety techniques.	<input type="checkbox"/>	<input type="checkbox"/>
6. At least one staff in the home has been trained in fire safety by DMR, an approved fire safety training agency or local fire department.	<input type="checkbox"/>	<input type="checkbox"/>

		<u>YES</u>	<u>NO</u>
7.	All staff have current certificates in first aid.	<input type="checkbox"/>	<input type="checkbox"/>
8.	There is at least one person present at the home who has been trained in Cardio-pulmonary Resuscitation (CPR).	<input type="checkbox"/>	<input type="checkbox"/>
9.	First aid supplies are maintained at the home.	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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**Part B: Environmental Worksheet for the Home**  
**Answer all for Immediate Transfer Reviews**

Requirement	Yes	No	N/A	Comments
<b><u>General Appearance Inside the Home</u></b>				
The interior of the home appears to be weather tight and in good repair (e.g., walls, floor, ceiling, and stairways.)				
The furniture is in good repair.				
The home is clean (e.g., free of accumulated dust, rubbish and cobwebs) and free from rodent, cockroach, and insect infestation.				
There is no rubbish or other combustible products accumulated near heating equipment and exits.				
Any area used by pets is maintained under sanitary conditions.				
Windows and doors including locking devices, screens and storms are weather tight, in good working order and are operable by and accessible to the individual. Curtains and/or shades allow for privacy and are operable by and accessible to individuals.				
All handrails and balusters on stairways are in good repair.				
All stairs not enclosed by a wall on both sides have a protective rail on the open side in good repair.				
There are no overloaded wall receptacles. All visible cords are free from cracks or wear. Extension cords or multiple plug adapters are not used on any appliance.				
There is no electrical wiring passing across frequently traveled floor areas, under floor coverings such as rugs, or extending through doorways or other openings.				

Requirement	Yes	No	N/A	Comments
<b><u>General Appearance Inside The Home</u></b> , cont.				
Air conditioners, humidifiers and dehumidifiers are properly maintained and in good repair (e.g., filters). There are no extension cords, other than heavy-duty cords, used on any air conditioners.				
There are no portable free-standing heaters in the home.				
There is sufficient water pressure to both hot and cold water fixtures (e.g., kitchen, bathroom, laundry room). Hot water temperature tests between 110° and 130°.				
<b><u>Additional Features For Bedrooms</u></b>				
There are no locks on bedroom doors which provide access to an egress. <b>(Applies only to Category A)</b>				
Locks on bedroom doors which do not provide access to an egress are permitted only if the provider has documented that the lock may be easily opened from the inside without a key and that the individual(s) is able to unlock the door from the inside and at all times staff carry a key to open the door in the event of an emergency. <b>(Applies only to Category A)</b>				
There is natural light and either mechanical or natural ventilation.				
Bedrooms of individuals requiring hands-on physical assistance to evacuate or who have a mobility impairment, including individuals who use a wheelchair, are on a floor at grade or on a floor with a "horizontal exit," as set forth in current Massachusetts State Building Code. <b>(Applies only to Category A)</b>				
Staff do not smoke in the home and there is no evidence of smoking in bedrooms. <b>(Applies only to Category A)</b>				

Requirement	Yes	No	N/A	Comments
<b><u>Additional Features for Bathrooms</u></b>				
The bathroom, including all fixtures, are in good repair and are easily cleanable (e.g., no evidence of mold or mildew).				
Bathroom fixtures are operable by and accessible to the person.				
There is natural and/or mechanical light and ventilation.				
<b><u>Additional Features for the Kitchen and Pantry</u></b>				
The kitchen contains at least one sink suitable for washing dishes and utensils, and an operable stove, oven, and refrigerator.				
Kitchen appliances are operable by and accessible to the individual.				
The kitchen, including fixtures and food cabinets, is in good repair and easily cleanable.				
Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled.				
<b><u>Additional Features in the Basement, Attic, Laundry Area, Electrical and Heating Equipment</u></b>				
The washer and/or dryer are free of visible leaks. Dryer vent and filter are properly maintained. The dryer is lint-free.				
Fuses and circuit breakers are labeled. No shunts such as pennies or copper pipe are substituted for fuses and a supply of fuses is kept next to the fuse box.				

Requirement	Yes	No	N/A	Comments
<p><b><u>Additional Features in the Basement, Attic, Laundry Area, Electrical and Heating Equipment</u></b>, cont.</p> <p>There has been an inspection of the furnace/boiler and water heater (other than electric) within the past year, which indicates that this equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections.</p>				
The temperature in the home is comfortable.				
Local official's inspection and approval has been obtained for installation of a solid fuel-burning equipment (e.g., wood stove).				
<p><b><u>Fire Safety Features</u></b></p> <p>There is at least one approved smoke detector on each level of the home, including basements. (Must meet applicable Massachusetts State Building Code requirements.)</p>				
On any floor, level or story exceeding 1200 square feet in area, 1 approved smoke detector is provided for each twelve hundred 1200 square feet or part thereof. (Must meet applicable Massachusetts State Building Code requirements.)				
Smoke detectors are located outside sleeping areas on every floor of the home. (Must meet applicable Massachusetts State Building Code requirements.)				
If more than one smoke detector is required in the home, each detector must be interconnected so that when one activates, all will sound. <b>(Applies only to Category A)</b>				
If the home was constructed, or a bedroom was added to an existing home, or where the existing fire protection system was upgraded <u>on or after August 27, 1997</u> , the fire protection system complies with 3603.16.1 of the Sixth Edition of the Massachusetts State Building Code (see attached).				

Requirement	Yes	No	N/A	Comments
<b><u>Fire Safety Features</u></b> , cont.				
Where there is a sprinkler system, there is a yearly inspection.				
The fire alarm system, any adaptive devices (e.g., bed-shaker, horn, flashing/strobe light) and automatic emergency lighting are operational.				
There is a fire extinguisher (A-B-C Type) which has been mounted in an easily seen and accessible area in the kitchen and which has been inspected within the past year. <b>(Applies only to Category A)</b>				
Hazardous vertical openings such as laundry chutes, dumb waiters, or non-functional heating ducts are sealed with gypsum board or some other fire retardant material. <b>(Applies only to Category A)</b>				
There is an operational flashlight (including batteries) in the home.				
There are no flammable materials either liquid (e.g., kerosene or gasoline) or solid, stored in the house.				
For designated smoking areas, ashtrays or non-combustible material and safe design are provided in all areas where smoking is permitted. There are metal-only wastebaskets (no plastic liners) in designated smoking areas. <b>(Applies only to Category A)</b>				
The outdoor grille is located in a safe place and is properly maintained.				

Requirement	Yes	No	N/A	Comments
<b><u>Egresses and Ramps</u></b>				
Exit doors are easily operable by hand from inside without the use of keys.				
Double cylinder dead bolt locks that require a key operation on the side from which the egress is made are prohibited on egress doors. <b>(Applies only to Category A)</b>				
The home has two means of egress from floors at grade level; all other floors above grade level have one means of egress and one escape route on each floor and leading to grade. Any proven usable path to the open air outside at grade is acceptable as an escape route, including but not limited to connecting doors, porches, windows within six feet of grade, ramps, fire escapes, balcony evacuation systems, etc. <b>(Applies only to Category A)</b>				
Walkways, driveways, and ramps are in good repair, have outdoor lighting for safe use, and are cleared of snow and ice in winter.				
<b><u>General Outside Appearance</u></b>				
The exterior of the home including porches, garages, is in good condition including paint and/or siding trim and shutters, fences, garages and sheds on the property, porch, deck or patio, and roof (free from peeling paint, rotted wood and holes, dents/rusted parts).				
Garbage and rubbish are stored in rodent-proof, water-tight receptacles with tight-fitting covers.				
There is no rubbish such as newspapers, wood, or furniture or other combustible products accumulated against or near the outside of the home.				
If applicable, swimming pools are safe and secure. (Refer to the DMR Pool Procedure and Protocol)				
Requirement	Yes	No	N/A	Comments

<b><u>General Outside Appearance</u></b> , cont.				
If there are gutters, they are secured properly and have no visible evidence of obstruction or missing segments.				
There is no evidence of structural damage to chimney (e.g., loose bricks or mortar).				
Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing that is in good repair.				
There is an operable locking device on every entry door of the home. The doorbell(s) is operational.				

Comments:

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## 780 CMR 3603.16 FIRE PROTECTION SYSTEMS

**3603.16.1 General:** All one and two family dwellings hereafter constructed shall be equipped with a *household fire warning system*, in accordance with the provisions of 780 CMR 3603.16. All devices shall be installed and maintained in accordance with the requirements of 780 CMR 3603.16, manufacturers instructions and listing criteria and otherwise shall be installed and maintained in accordance with Chapter 2 of NFPA 72 and 527 CMR 12.00 as listed in **Appendix A**.

**Exception:** In addition to the requirements of 780 CMR 3603.16.1, two family dwellings that contain common areas such as basements, hallways and/or interior stairways that serve both dwelling units, but are not within the dwelling units shall be provided with multiple station smoke detectors or a listed control unit with automatic smoke detectors and occupant notification appliances in the following locations.

1. In all common basements.
2. In all common hallways.
3. In all common stairways on each level outside the dwelling unit doorways.

Each detection device shall cause the operation of an alarm that is clearly audible in all bedrooms over background noise levels with all intervening doors closed. Such devices shall be installed in accordance with NFPA 72 and 527 CMR 12.00 as listed in **Appendix A**.

**3603.16.2 Compatibility:** All devices and/or combination of devices and equipment shall be approved and listed for the purposes for which such devices are to be utilized.

**3603.16.3 Smoke detectors:** All detached one and two family buildings, including *manufactured homes* in accordance with 780 CMR 35, shall contain listed single and multiple station smoke detectors or other *household fire warning systems* in compliance with ANSI/UL 217 and/or ANSI/UL 268 (listed in Appendix A) and conforming to 780 CMR 3603.16; *such household fire warning systems* shall be installed and maintained in accordance with the

requirements of 780 CMR 3603.16, manufacturers instructions and listing criteria and otherwise shall be installed and maintained in accordance with Chapter 2 of NFPA 72 and 527 CMR 12.00 as listed in **Appendix A**.

**36-3/16/4 Heat detectors:** (Reserved)

**3603.16.5 Primary electrical power for single station and multiple station smoke detectors:** Power for single and multiple station smoke detectors shall be supplied from a permanently wired connection directly to an AC primary source of power. All power for AC powered smoke detectors shall be taken from a single branch circuit which also provides other electrical service to *habitable, occupiable spaces*. The power source shall be on the supply side, ahead of any switches.

**3603.16.6 Primary electrical power for other household fire warning systems:** Low voltage *household fire warning systems* that include a listed control unit with automatic detectors and occupant notification appliances shall be powered from a permanently wired AC primary power source. Such AC primary power shall be supplied either from a dedicated branch circuit or the unswitched portion of a branch circuit also used for power and lighting of *habitable, occupiable spaces*, in accordance with the requirements of NFPA 72 and 527 CMR 12.00 as listed in **Appendix A**.

**3603.16.7 Second electrical power:** In addition to required primary power as discussed in 780 CMR 3603.16.5 and 780 CMR 3603.16.6, all household fire warning systems shall have secondary (standby) power supplied from monitored batteries in accordance with the household fire warning equipment requirements of NFPA-72 as listed in **Appendix A**.

**3603.16.8 Required alarm notification appliances:** Where more than one smoke or heat detector is required by 780 CMR 3603.16.10, all required detectors shall be installed so that the activation of any detector shall cause the alarm in all required smoke detectors in the dwelling unit to sound.



Detector activation in a dwelling unit shall not activate signals in any other dwelling unit or common areas.

**3603.16.8.1 Non-required alarm notification appliances:**

Non-required smoke or heat detectors shall be installed so that the actuation of any non-required detector shall cause the alarm in all required and non-required detectors in the dwelling unit to sound. Detector activation in a dwelling unit shall not activate signals in any other dwelling unit or common areas.

**3603.16.9 Alarm signaling intensity:** All required alarm-sounding appliances shall have a minimum rating of 85 dBA at ten feet in accordance with the requirements of NFPA 72.

**Exception:** Sounding appliances directly located in bedrooms shall have a sound pressure levels as low as 75 dBA at ten feet in accordance with the requirements of NFPA 72.

**3603.16.10 Required smoke detector/heat detector locations:**

Smoke detectors shall be installed in the following locations:

1. In the immediate vicinity of bedrooms;
2. In all bedrooms;
3. In each story of a dwelling unit, including basements and cellars, but not including crawl spaces and uninhabitable attics;
4. In residential units of 1200 square feet or more, automatic fire detectors, in the form of smoke detectors shall be provided for each 1200 square feet of area or part thereof;
5. Fixed temperature heat detectors shall be installed in accordance with the requirements of 780 CMR 3603.16.4.

**Exceptions:**

1. In dwelling units with one or more split levels, (i.e., adjacent levels with less than one full story separation between levels) a smoke detector

installed on the upper level shall suffice for the adjacent lower level unless there is an intervening door between one level and the adjacent lower level in which case smoke detectors shall be installed on both levels.

2. In buildings equipped throughout with an automatic sprinkler system, smoke detectors are not required in bedrooms.

**3603.16.11 Photo electric smoke detector requirements:** Any smoke detector located within 20 feet of a kitchen or within 20 feet of a bathroom containing a tub or shower shall be a photo electric type smoke detector but shall satisfy the compatibility requirements of 780 CMR 3603.16.2.

**3603.16.12 Maintenance and testing:** It shall be the responsibility of the *owner* to properly maintain the household fire warning system in accordance with the requirements of NFPA 72 as listed in **Appendix A**.

**3603.16.13 Additions, alterations and repairs:** When one or more sleeping rooms are added or created in existing dwellings, the entire building shall be provided with smoke detectors designed and located as required for new dwellings.

For other alterations or repairs that would require a fire protection system in an existing building be upgraded, refer to 780 CMR 3404 and/or 780 CMR 3405, as applicable.

Part C: Environmental Worksheet for congregate Work/Community Supports

**For Immediate Transfer answer all.**

Requirement	Yes	No	N/A	Comments
<b><u>Work Area/Overall Building</u></b>				
There is current Certificate of Inspection or Certificate of Occupancy for the location.				
There is artificial and/or natural lighting for individuals to complete work assignments.				
Corridors, hallways, and offices have artificial and/or lighting. Where there are no windows, there are emergency lights.				
Where windows are being used for ventilation, they can be easily opened to enable fresh air to come into the building.				
Where there are no openable windows, there is a mechanical ventilation and air conditioning system.				
There are no overloaded wall receptacles. All visible electrical cords free from cracks and wear. Wall receptacles, conduit boxes and/or other sources of electricity are kept covered.				
There are no electrical or telephone wires passing across frequently traveled areas.				
Electrical service (amperage) is sufficient for the workplace. (Team Member may request documentation from a licensed electrician.)				
Doors and windows are weather tight and in good repair (e.g., free of cracked or broken glass, weather-stripping to prevent cold air from leaking in). Doors and windows needed for ventilation have screens during the warm weather months.				
Windows and doors can be opened easily (e.g., no broken sash cords).				

Requirement	Yes	No	N/A	Comments
<b><u>Work Area/Overall Building</u></b> , cont.				
Exit doors are easily openable by hand from the inside without the use of keys (e.g., no draw bolts, chain latches).				
Ceiling panels are not missing or cracked or stained.				
Floors appear to be structurally sound, (e.g., are free of holes, worn floor boards, cracked, loose or broken tiles or linoleum).				
Potentially dangerous equipment or machinery is located in areas not frequently traveled.				
Safety features on machinery and equipment are operable and being utilized.				
When not being used, flammable and combustible materials are properly stored.				
Tables, chairs and other furnishings and equipment are in good condition.				
The location is free from rodents, cockroaches and insect infestation.				
There is a current DOL certificate for this location.				
<b><u>Bathroom</u></b>				
Floors and walls are made of easily cleanable material (e.g., washable paint or tile on walls, linoleum or tile floors, wood floors finished with a non-absorbent coating).				
Wall and floors are in good repair (e.g., no holes or cracks).				
There is adequate lighting in the entire bathroom, including toilet stalls.				
If there are no openable windows, then operable mechanical ventilation is provided.				
Toilets and washbasins are easily cleanable (e.g., not worn, cracked or pitted areas).				

Requirement	Yes	No	N/A	Comments
<b><u>Bathroom</u></b> , cont.				
There is sufficient water pressure in both hot and cold water fixtures. (Team Member may require documentation of a plumbing inspection).				
If the bathroom contains more than one toilet, each toilet has walls or partitions which afford privacy. Walls or partitions must include a door for privacy.				
Fixtures for lighting, water and windows are operable by and accessible to workers.				
Bathrooms are properly equipped (e.g., toilet paper, soap, paper towels, trash receptacle).				
<b><u>Kitchen/Lunchroom/Cafeteria</u></b>				
If the location has a retail food establishment or food is being prepared for retail sale it has a current certificate of inspection from the Board of Health.				
There is adequate lighting and wall outlets for intended use.				
Kitchen equipment is in good repair and sanitary condition (e.g., stove, refrigerator, microwave). Foods are stored in the refrigerator, freezer and cupboards under sanitary conditions.				
The sink(s) is easily cleanable (e.g., no cracked, worn or pitted areas).				
There is sufficient water pressure to hot and cold water fixtures.				
Tables, chairs or stools are in good condition.				
The dining area is clean.				

Requirement	Yes	No	N/A	Comments
<b><u>Interior Stairways and Hallways</u></b>				
Stairways and hallways are unobstructed.				
All stairways are in good repair (e.g., railings secure, balusters not missing, floor boards not broken or rotting).				
There is adequate lighting in hallways and stairways for safe use.				
Stairways have secure handrails on at least one side or both sides (if needed by individuals).				
<b><u>Entrances, Exits/Exterior Stairways and Ramps</u></b>				
Each floor has at least two usable exits to grade or refuge for safety.				
Each exit has a secure handrail on one side that is in good repair.				
Exit stairways and ramps are in good repair and are free of obstructions.				
<b><u>Heating Equipment</u></b>				
Heating equipment is adequate and operational. (Team member may request documentation from an authorized service representative.)				
<b><u>Fire Safety Features</u></b>				
If present, sprinkler system has been inspected within the last year.				
If present, the fire alarm system is connected and operational.				
<b><u>Asbestos</u></b>				
Asbestos is not exposed, especially around pipes and the heating system.				

Requirement	Yes	No	N/A	Comments
<p><b><u>Exterior of the Building (free-standing building only)</u></b></p> <p>There is no evidence of leaks in the roof, foundation or exterior walls.</p>				
<p>Exterior of the building appears to be in safe condition. (Team Member may require documentation from the Local Building Inspector.)</p>				
<p><b><u>Smoking Areas</u></b></p> <p>Smoking area is remote from other commonly used area of the building and metal ashtrays are used. Flammable or combustible materials are not located in or near the smoking area.</p>				

**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARDS SYSTEM REVIEW**

QUALITY OF LIFE AREA - PERSONAL WELL-BEING

SAFEGUARD 2: Protection from Harm

- A. Actions are taken to correct the situation when people have been mistreated.
- B. People know or have support to report a situation where they feel they are being or have been mistreated or harmed.

**PROTECTION FROM HARM WORKSHEET**

Log #'s: \_\_\_\_\_

**For Immediate Transfer Review, answer questions 1,3, and 4.**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. All staff have been trained to understand their role as mandated reporters.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was any individual in the home the subject of an investigations since the last survey? If yes, answer #3-4. <b>If no, stop here.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If needed, actions were taken to protect individuals from harm pending the outcome of the investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Steps were taken to prevent the situation from occurring again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARDS SYSTEM REVIEW**

QUALITY OF LIFE AREA - PERSONAL WELL-BEING

SAFEGUARD 3: HEALTH AND WELLNESS

- A. People have routine and specialized health care services.
- B. Supporters know what to do in an emergency.
- C. People can safely evacuate from their home in an emergency.

**HEALTH AND MEDICATION WORKSHEET**

Individual Initials: \_\_\_\_\_

**For Immediate Transfer, answer #4-7. In place of #1-3, answer modified questions as noted.**

- |  | <u>YES</u>               | <u>NO</u>                | <u>N/A</u>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Individuals have an annual physical at least once a year.<br>*An annual physical examination is available in the record at time of transfer. Information on hand includes medical history, names of physicians, clinicians, and specialists involved with the individual. (This will need to be confirmed with the Area Office involved in the transfer). | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2. Individuals have a dental examination at least once a year.<br>*An annual dental examination is available in the record at time of transfer.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3. Staff have been trained to carry out a practitioner's written orders (e.g., range of motion)?<br>* Relevant medical information is available for each individual in the home. Individual medical information is present to address identified health needs such as special diets, and protocols.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Emergency Fact Sheets contain correct information about special medical problems including allergies and medications (but not including the dosage).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



YES   NO   N/A

5. Is any individual taking any medication? **If no, stop here.**

☐   ☐

6. Are any individuals self-medicating? If yes, go to Part B sections in **bold** only.

☐   ☐

7. Are any individuals non-self-medicating? If yes, go to Part B.

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Comments:

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## PART B - Medication Guide

Individual initials: \_\_\_\_\_

**Complete for Immediate Transfer Reviews.**

Purpose: The purpose of Part B is to determine if the individual is receiving his or her medication properly; that is if the individual is receiving the right medication, the right dosage, at the right time and by staff who are trained to give medications.

DMR REG. #	Requirement	Guideline	Yes	No	N/A	Comments
5.15(5)	<b><u>Department of Public Health (DPH) Registration (105 CMR 700.003)</u></b> Medications are only given by licensed professional staff or by staff who have completed the Medication Administration Training Program and are certified by DMR to administer medications.					
5.15(6)	The location where the medication is being administered by certified staff is registered by DPH.					
5.15 (7)(a)	<b><u>Storage</u></b> Medications are stored in a locked container or area in which nothing except such medications are stored.	<ul style="list-style-type: none"> <li>Controlled Substances (Schedule II - V) are double locked. Example: Locked box within a locked cabinet.</li> <li>Only authorized staff have access to the key to the locked container or area (MAP Policy, 10 - 2).</li> </ul>				
5.15 (7)(d)	Medications or ointments used externally are stored separately from medications taken internally.					
5.15 (7)(a)	Medications requiring refrigeration are stored in a locked container in the refrigerator.	<ul style="list-style-type: none"> <li>Controlled substances are double locked in the refrigerator.</li> </ul>				

DMR REG. #	Requirement	Guideline	Yes	No	N/A	Comments
5.15 (7)(b)	<p><b><u>Storage, cont.</u></b></p> <p>Individuals who are self-medicating have their prescription medication stored in such a way as to be inaccessible to other individuals.</p>	<ul style="list-style-type: none"> <li>• Medications may be unlocked if they pose no risk to the individual and other individuals; <u>but</u> all narcotics, barbiturates and tranquilizers must be in a locked container or area.</li> <li>• At work, medications are kept on the person or in a locked container (e.g., locker).</li> </ul>				
5.15 (9)(a)	<p><b><u>Medication Administration</u></b></p> <p>All prescription medications are administered according to the written order of a practitioner.</p>	Practitioner can include a physician, dentist, physician's assistant, nurse practitioner).				
5.15 (9)(e)	Not more than a 37 day supply of medication is maintained at the location.					

DMR REG. #	Requirement	Guideline	Yes	No	N/A	Comments
5.15 (10)(a)	All prescription medications are documented on a Practitioner's Order and specifies: <ul style="list-style-type: none"> <li>• type and dosage;</li> <li>• when and how the medication is to be given; and</li> <li>• instructions for self-administration, when applicable.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of all of the following is consistent: <ul style="list-style-type: none"> <li>-Medication labels on the container</li> <li>-Medication and Treatment Chart</li> <li>-Practitioner's Order.</li> </ul> </li> <li>• Where applicable, both generic and brand names are listed.</li> <li>• Documentation on Medication and Treatment chart is in ink (no white out erasers or mark-overs).</li> <li>• Medication ordered for the "hour of sleep" should be given just before the individual goes to bed or as specified by the practitioner.</li> <li>• If vital signs are required for medication administration, there are written parameters from the practitioner. See MAP Policy Manual, 06 - 6.</li> </ul>				
5.15 (10)(a)	Staff are aware of the potential side effects of the medication.					
DMR REG. #	Requirement	Guideline	Yes	No	N/A	Comments
5.15 (8)(a)	Where the individual routinely takes medication at more than one location, the medication is packaged and					

	labeled by the pharmacist.					
5.15 (8)(b)	For non-routine situations of less than 72 hours, dose(s) may be re-packaged, but must contain the same information as the pharmacist's label (e.g., Leave of Absence).	See MAP Policy Manual, 11-1				
5.15 (9)(h)	<p><b><u>PRN Medications</u></b></p> <p>Medications are not prescribed for restraint purposes, but may be prescribed for treatment purposes only.</p> <p>For PRN medications, the prescribing practitioner must provide a statement of specific, observable criteria for determining when the medication is needed.</p>	<ul style="list-style-type: none"> <li>Medication Administration Policy Manual, Policy 06-2. Example: Tylenol ii tabs po q6 hrs prn for a fever &gt;101.</li> <li>Observable criteria should be specified on the practitioner's order, label, and medication and treatment chart.</li> </ul>				

DMR REG. #	Requirement	Guideline	Yes	No	N/A	Comments
5.15 (9)(g)	<p><b><u>Over-The-Counter-Medications</u></b></p> <p>Written approval for over-the-counter (OTC) medications are obtained from the practitioner.</p>	<ul style="list-style-type: none"> <li>• See MAP Policy Manual, 06-9.</li> <li>• A practitioner's order is required for OTC medications.</li> <li>• OTC medications are administered according to the same procedures used to administer prescription medications.</li> <li>• The only stock of OTC medications permitted to be maintained at the location are: Acetaminophen, Milk of Magnesia, Guaifenesin Cough Syrup, and Kaopectate.</li> </ul>				
5.15 (10)(a)	<p><b><u>Medication Occurrences</u></b></p> <p>A Medication Occurrence (MOR) form is completed for the following: wrong individual, medications, time, dose, route (e.g., mouth, skin).</p>	See MAP Policy Manual, 9-1.				

Comments:

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**OPTIONAL SURVEY WORKSHEET**

MEDICATION	PRACTITIONER'S ORDERS	CONTAINER LABEL	EXPIRATION DATE	MEDICATION AND TREATMENT CHART	EMERGENCY FACT SHEET	SIDE EFFECTS

**OFFICE OF QUALITY MANAGEMENT, QUALITY ENHANCEMENT DIVISION  
SAFEGUARDS SYSTEM REVIEW**

QUALITY OF LIFE AREA - PERSONAL WELL-BEING

**SAFEGUARD 4: FUNDS MANAGEMENT**

- A. People receive the needed support and/or education they need in managing their financial resources.
- B. People funds are managed properly and with their consent.

**FUNDS MANAGEMENT WORKSHEET**

YES   NO   N/A

**For Immediate Transfer Reviews, answer the following only:**

1. People's funds are stored in a secure location.
2. There is a system in place to account for and track funds.

**PART I:      Individuals' Funds**

1. Does the agency have shared or delegated management responsibilities for any individual's funds.

☐      ☐      ☐

**If no, do not answer #1 and 2.** If yes, there is:

- A written plan of the shared or delegated management responsibilities;
- Agreement of the individual, guardian or conservator to the plan;
- A training plan to eliminate or reduce the need for assistance (unless there is a clinical evaluation that the individual cannot learn to how to manage or spend his or her funds).

☐      ☐      ☐  
☐      ☐      ☐  
☐      ☐      ☐

2. If there is shared or delegated management responsibilities the provider assists the individual to manage his or her funds including:

- Having an interest bearing account in the individual's own name;
- Having bank statements or passbooks for the account;
- Having a record of each transaction (including date, amount received or spent, on what the funds were spent, who was involved, and receipts for expenditures over \$25).

☐      ☐      ☐  
☐      ☐      ☐  
☐      ☐      ☐



- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Where the individual has responsibility for managing his or her own money, when needed, the provider assist, individuals in budgeting so that the all needed expenses (e.g., rent) are covered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Expenditures are only made for purposes that directly benefit individuals (including expenditures for for things such as cable that are shared among house mates).                              |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There does not appear to be borrowing or lending of the person's funds by provider.   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Individuals are not paying for goods or services that should be covered by the provider (e.g., staff expenses, gas).  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART II:      Charges for Care**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the person pay the agency Charges for Care? <b>If no, stop here.</b> If yes:  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| • The amount of the charge is equal to 75% of the individual's entitlements <u>or</u> wages; <b>OR</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The amount of the charge is equal to 75% of the individual's entitlements <u>and</u> (after deducting the first \$65.00), equal to 50% of the individual's remaining earnings; <b>OR</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where the individual receives no entitlements or earnings, but has liquid assets (e.g., stocks, royalties), the amount of the charge is 75% of the "shared living expense" as determined by the SSA (currently about \$576.00). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There is notification to the individual or guardian of the charge, how it was calculated, and the individual's right to dispute the charge.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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**Department of Mental Retardation  
Office of Quality Management, Quality Enhancement Division  
SAFEGUARDS SYSTEM REVIEW REPORT**



**Provider:**

**Report Date:**

**Team Member(s):**

**Were any Notices of Immediate Action Required Issued? Yes** ☐

**No** ☐

## **PROTOCOL FOR SAFEGUARDS SYSTEM REVIEW**

### **Introduction and Purpose**

There are certain situations that arise that call for the conduct of a review to assure that essential health and safety protections are in place. The following protocol outlines the process and conditions that require this “Safeguards System Review”. The purpose of the Safeguards Systems Review (SSR) is to assure that an agency has the necessary systems in place in the following situations:

### **Immediate Transfer Review**

An Immediate Transfer Review will occur when the Regional and Area Office have determined that it is necessary to terminate a provider’s contract with or without cause and transition the individuals’ services to a successor provider. When a contract is terminated for reasons other than the normal RFR process, the Regional Office meets with all interested parties and develops a written transition plan. As part of the transition plan, the Area Office notifies the Office of Quality Enhancement.

The Immediate Transfer Review is completed within seven days after the transfer of the service and is completed for each location transferred. The involved Area or Regional Office will be notified of the date of each review and whenever possible will identify a key staff person with knowledge of the individuals to communicate and interface with during each review. The process is a modified form of the Safeguards System Review as outlined below under Conduct of Immediate Transfer Review.

### **Safeguards Systems Review**

1. A Safeguards Systems Review is always conducted 60 days after a service subject to licensure is initiated for which the provider is not currently licensed. This includes both residential and day supports.
2. A Safeguards Systems Review within 60 days can be conducted at the request of the involved Area/Regional Office(s) for a service that has transferred from one provider to another. This service may already have gone through an Immediate Transfer Review within 7 days of the transfer. This includes both residential and day supports.
3. A Safeguards Systems Review is conducted during the licensure and certification survey process in every home providing 24 hour staff supports that was not selected as part of the licensure and/or certification review. The Safeguards Systems Review report would be included as an attachment at the end of the Provider Report.

## **Conduct of Immediate Transfer Review**

The surveyor will complete a review using the Safeguards System Review checklist with the modifications as noted. This review also needs to ensure that the following is included:

Respite/ Residential Supports – to be reviewed for each person in the home:

1. Complete the Safeguards System Review checklist with the noted expectations for the one-week interval.
2. Fire drill is completed with individuals supported at each home with 24 hour staffing where the home is leased or owned by the provider, and for site based respite services.
3. Review the Fire Drill logs and Safety Plan to identify any problems with evacuation.
4. Complete the environmental check sheet for the home.
5. Confirm that medications are being given in accordance with MAP requirements as outlined on the medication guide of the Health and Medication Worksheet.
6. Review to determine as much as possible that relevant medical information is available for each individual in the home. This includes:
  - a. Available documentation of annual physical and dental examinations.
  - b. Names of physicians, clinicians and specialists that are involved with the individual(s)
  - c. Medical information and history to inform staff of each individual's current health status (this will be confirmed through the area office involved with the review)
  - d. Information outlining procedures to address medical needs such as special diets
  - e. Information outlining special needs such as behavioral interventions and supports/ health related protections
7. Confirm that the individuals' funds are adequately safeguarded and stored
8. Immediate Action notices are issued for safety concerns that put individuals at risk if not corrected quickly.

Day/ employment supports - to be reviewed for a sample of individuals served

- a. The following is the sampling methodology to be used for a day review:

<u># Individuals served</u>	<u>Sample Size</u>
1-4	2
5-9	3
10-19	4
19-50	5
51-80	8
81-110	10

111-130	12
131-150	14
151-180	16
181-200	18
Over 200	10%

1. Complete the Safeguards System Review checklist with the noted expectations for the one-week interval.
2. Fire drill is completed with individuals at the site.
3. Review the Fire Drill logs and Safety Plan to identify any problems with evacuation.
4. Complete the environmental check sheet for the location.
5. Confirm that medications are being given in accordance with MAP requirements as outlined on the medication guide of the Health and Medication Worksheet.
6. Review to determine as much as possible that relevant medical information is available for each individual. This includes:
  - a. Names of physicians, clinicians and specialists that are involved with the individual(s)
  - b. Medical information and history to inform staff of each individual's current health status (this will be confirmed through the area office involved with the review)
  - c. Information outlining procedures to address medical needs such as special diets
  - d. Information outlining special needs such as behavioral interventions and supports/ health related protections
7. Confirm that the individuals' funds are adequately safeguarded and stored
8. Immediate Action notices are issued for safety concerns that put individuals at risk if not corrected quickly.

### **Conduct of Safeguards System Review**

The Safeguards Systems Review consists of a review of the licensure outcomes in Quality of Life Areas Rights and Dignity and Personal Well-Being. SSRs are not rated and those done as part of the licensure and certification process do not become part of the provider's ratings in the Quality of Life Areas. Information from these SSRs may be used in determining the findings and ratings in the Organizational Outcomes. Information from any SSR is provided to the Provider and Department to ensure follow-up on issues affecting the rights, safety and health of individuals.

### **Procedures**

1. Each residential location serving individuals in 24 hour homes are surveyed when conducting a Safeguards System Review in accordance with #1 and 2 above. When conducting a Safeguards System Review in accordance with #3 above, the sample will be selected for a full licensing review, and the remaining 24 hour homes will be surveyed with this SSR tool. A purposeful sample of individuals at each location are selected that

assures that all systems are in place at each service location. For day/employment locations the sample is selected as noted above with Immediate Transfer Reviews.

In order to conduct an effective safeguards systems review, individuals in the following situations must be reviewed:

- Individuals who have a current behavior plan,
- Individuals who are subject to restraint procedures,
- Individuals who have a defined medical condition to which staff need to respond and about which staff need to be knowledgeable, and
- Individuals who take prescribed (not over the counter) medication.

On the day of the review, the team member or members select individuals at random at each location that meet the above criteria. The team member will review the records of one individual for each of the abovementioned criteria and will, when possible, examine records for different individuals during the safeguards systems review. Should the team member not be able to complete the attached worksheets, the records of another individual will be reviewed. For example, if when reviewing one person's medications the team member is not able to complete the section on storage of controlled substances, then another individual who is taking controlled substances will be reviewed for the purpose of completing this portion of the review. If no one at the location took controlled substances, then the team member would mark those sections as "N/A."

2. The safeguards systems review will involve a review of specific safeguards derived from Quality of Life Areas Rights and Dignity and Personal Well Being. (See attached SSR tool) The review will consist of an environmental review, a review of pertinent information in selected individuals' records, a review of staff training records and a review of other documentation at the site (e.g., safety plans).

3. Action Required forms may be generated any time during the review process, if warranted.

4. A Safeguards Systems Review Report is generated for all locations that were subject of the review. The report lists the address of each location that was included in the review. Under each location is a listing of the Areas Needing Improvement. Follow-up would not occur except when follow-up occurs as a consequence of the full review process, during which a home that had a SSR might be included in the random selection process.